

<b>Case Number:</b>	CM15-0082951		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/30/2006
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, West Virginia, Pennsylvania

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with an October 30, 2006 date of injury. At the time (March 20, 2015) of the requesting physicians' most recent evaluation submitted for review, there is documentation of subjective findings (neck pain radiating to the bilateral shoulder areas and left upper extremity; a pain level measured to be 2/10), objective findings (cervical spine tenderness, bilateral trapezius muscle and left upper extremity; pain with cervical spine extension, left lateral rotation and flexion; palpable trigger points in the muscles of the head and neck; normal strength and reflexes of the bilateral upper extremities), current diagnoses (neck pain, cervical spine degenerative disc disease, arm pain, radiculopathy of the cervical spine) and treatments to date (transcutaneous electrical nerve stimulator unit, ganglion blocks, spinal cord stimulator trial; nerve block; trigger point injections with good relief; physical therapy; occupational therapy; medications) The medical record identifies that medications offer adequate pain relief, and that the injured worker is able to carry out daily routine physical activities, has shown functional improvement, and is able to do socializing without any support or dependencies. The treating physician documented a plan of care that included Lidoderm patches and other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57, 111-113.

**Decision rationale:** Guidelines state that topical lidocaine may be recommended for localized peripheral pain after first line therapy such as antidepressants or antiepileptic drugs have failed. In this case, there is no documentation that the patient has failed a trial for first line medications. The request for Lidoderm patch is not medically appropriate and necessary.